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C A S E S

OF

HOMICIDAL SUFFOCATION,

WITH

REMARKS.

BY

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# CASES

OF

## HOMICIDAL SUFFOCATION, WITH REMARKS.

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Following selected cases are recorded, not merely on account of unusual means employed to induce a fatal issue, but also because illustrate many interesting points in connection with an imitative form of violent death. Were other apology necessary, it might be found in my wish, to render available to others the results of medico-legal investigations which I am officially called on to make.

### *II.—Impaction of a Cork in the Larynx. Injury to Head and Chest.*

On the 20th of March 1855, I was requested by the authorities to examine the body of a Janet Stewart, in the house of her niece, No. 14 Earl Grey Street, Edinburgh. At my request, Mr Tod, surgeon and family attendant, was associated with me. We were told that the death had been sudden, but that, beyond the fact of rumours in the neighbourhood as to the occurrence of another sudden death in the same house some months previously, nothing had come to the notice of the authorities which could lead to the suspicion of foul play. Mr Tod also informed me, that he had, on various occasions treated the deceased for pretty severe attacks of asthmatic dyspnoea; and that he believed her health for some time past had been seriously impaired. With these prepossessions we entered the house, and found it in great confusion. We were told that the deceased were much intoxicated; and, accordingly, we were obliged to lift out the coffin ourselves, which we found in a small bed-room; one of the rooms, to the front of the house. The body was lying on the floor, and had been dressed in the usual manner for the grave. A piece of white calico, which covered it, was stained here

and there with a bloody fluid. On removing the body, some saw-dust, on which the head of the deceased had rested, was found deeply stained with blood.

The body was that of a person about sixty or seventy years of age, of the middle size, and in good condition. The face was pale and slightly swollen; the features were composed, the eyelids shut and lips nearly closed; the tongue was observed to protrude slightly from between the gums; the upper and front part of chest, the front of abdomen, the arms and upper part of both thighs, were emphysematous and crepitated on pressure; the skin generally was pale, with the exception of the back part of the trunk, which presented the usual *post-mortem* discoloration; the body generally was rigid; the hair on the back part of the head was damp with blood and a lacerated wound, about an inch in length, was found on the upper and back part of the scalp, with considerable surrounding swelling.

On removing the scalp, several loose clots of blood, varying in size from a shilling to a crown piece, were observed over the vertex and stretching downwards towards the upper and back part of the neck; the cellular tissue in the neighbourhood of the wound, was distended with serum; the right temporal muscle was infiltrated with coagulated blood; the cranium was entire. On removing the brain a small quantity of serous fluid escaped; the veins on its surface were more distended than usual; the substance of the brain, however, was firm and apparently healthy.

The chest was then examined. The cellular tissue of the anterior mediastinum, and covering the pericardium, was emphysematous and its areolæ distended into numerous distinct bullæ; the lungs were collapsed, but crepitated on pressure; along their free margin they were emphysematous, posteriorly they were congested, and from their cut surface a considerable quantity of frothy fluid escaped on pressure; the heart was well contracted, and appeared healthy in structure; both its cavities were unusually empty, containing but little fluid blood.

The liver was normal in size, but its substance was pale, and easily lacerable; the gall-bladder contained a little straw-coloured bile, and a couple of gall-stones; both kidneys were congested, of deep-brown colour, and were soft in structure; the bladder was distended with urine; the uterus presented several small fibrous tumours; the other abdominal organs appeared healthy.

On attempting to remove the tongue and larynx for examination a hard resisting mass was felt impacted at the back of the throat. I at once drew Mr Tod's attention to the fact, and we both concurred, for the moment, in supposing the foreign body to be a piece of bone. The tongue and lower portion of the pharynx were then carefully dissected out, when the obstruction proved to be an ordinary quart-bottle cork, inserted tightly in the upper part of the larynx. The sealed end of the cork was uppermost, and was



oughened by the passage of the screw: it was lubricated with rothy brown mucus. The tongue was pale, and the mouth and throat dry; the upper end of the larynx was found dilated, and of rounded form, which it preserved after being detached from the body, and which corresponded exactly in size to the lower end of the cork. The epiglottis was pushed upwards and forwards, and both it and the larynx were considerably injected. The injection increased as we proceeded downwards, and the trachea, to its minutest ramification, presented a bright florid appearance. The larynx and trachea were coated with mucus of a brownish hue. A chain of glands at the side of the trachea and on the front of the neck, was found of any hardness; they were loosely attached, however, and did not press upon any portion of the air-passages.

It was now abundantly evident that the deceased had not died a natural death. The external surface of the body was again submitted to a very careful examination, when the left side of the chest was observed to be more mobile than usual. The third, fourth, fifth, sixth, seventh, eighth, and ninth ribs were found to be fractured about their middle. The line of fracture was pretty regular, and there was no displacement superiorly; below, the sixth, seventh, eighth, and ninth ribs were ascertained to have penetrated the lining membrane of the chest to a small extent. From the healthy appearance of the lungs, they had been examined at first *in situ* and incised, so that when removed on the discovery of the fracture of the ribs, the exact site of any wound in their substance could not be satisfactorily made out. The corpulency of the deceased, along with the rigid condition of the muscles of the trunk, and the absence of any marked displacement of the fractured surfaces of the ribs, may account for the non-detection of these injuries in the first instance.

No time was lost in acquainting the Procurator-fiscal with the results of the examination, and Mr Tod and myself drew up a report, wherein we expressed "our opinion that death had more immediately resulted from the presence of the cork in the larynx, and that this foreign body could not have been placed there by the deceased. The wound of the scalp, and the fracture of the ribs, must have been produced during life, and shortly before death. Neither of these injuries, nor the affection of the lungs, were sufficient of themselves to account for the suddenness of the death, but they must have materially assisted in hastening the fatal result. The wound of the scalp might have been produced by a fall against any hard resisting body, or by a blow inflicted with a blunt heavy weapon. Direct violence could alone account for the injury to the ribs."

On referring to standard works on medical jurisprudence, and special monographs on the larynx and its anatomical and surgical relations, I could find no instance of such an obstructing agent having ever been used for the purpose of inducing suffocation with homicidal or suicidal intent. The opinion which was gravely

broached, that it was possible that the cork, while the deceased was in the act of extracting it from a bottle with her teeth, might, by a sudden impetus from the contained fluids, have been driven into the position in which it was found, scarcely deserves mention. The sealed end of the cork was uppermost, and the whole structure of the parts in question negatives the supposition. By many well versed in anatomy, it was even doubted whether the upper orifice of the larynx would admit a body of such a size, and, though the fact in the present case was certain, I determined to put the matter to decisive proof.

Through the kindness of Professor Goodsir, I was enabled to make the requisite experiments in the College dissecting-rooms, and throughout I was favoured with the co-operation and advice of Messrs Turner and Edwards, demonstrators of anatomy in the University. The mouth of a well formed male subject of middle age was forced open, and the tongue pulled forwards. On passing a cork (similar to the one which had been found in the body of the deceased, a correct representation of which, in outline (fig. 1), and in section (fig. 2), is subjoined) along the mouth to the back of the throat, and pushing it against the cervical vertebrae it was found to slip downwards, and on continuing the pressure, the upper end was forced backwards, while the lower was tilted forwards, and became at once arrested. The experiment was again and again repeated, and with the same results. The foreign body was firmly fixed, and the pressure being maintained in the same direction, it was found that it could neither be pressed backwards into the gullet, nor farther downwards into the air-passages. Careful manipulation externally, led us to believe that the cork was arrested at the larynx; but as there were doubts as to its exact position, Mr Turner dissected the integuments, superficial muscles and vessels, etc., from one side of the neck of another body, leaving the constrictors of the pharynx *in situ*. The cork was now passed as before, and lodged in the same position with the finger; the constrictors were now carefully incised and the interior of the pharynx exposed, when the cork was found placed as exhibited in fig. 3 (which is copied from a drawing made by my friend Dr John Smith, from a section of the head and neck). The well known difference in size of the larynx in the male and female, led me to repeat the operation on the body of a female, past the middle term of life, and similar results were obtained—the cork which had been used in the previous experiments passing with ease, and becoming arrested in the upper part of the larynx, as described above.

Fig. 1.

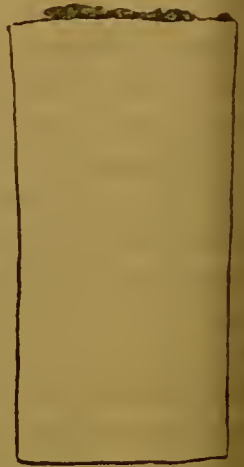
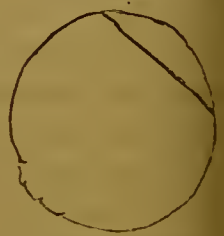


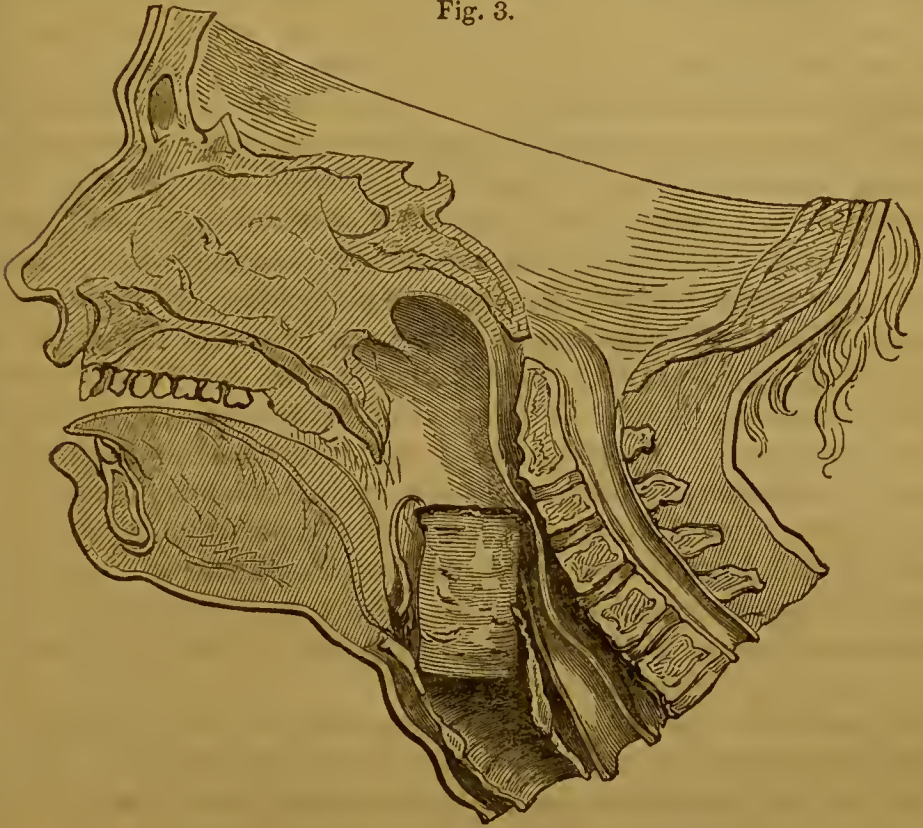
Fig. 2.





Surgical writers take pains to describe the method of introducing instruments into the larynx, insisting upon many precautions requi-

Fig. 3.



re for the due performance of the operation and the avoidance of obstacles which, to some, have appeared so formidable, that they have recommended that the instrument to be introduced should be passed by the nares instead of by the mouth. Thus Desault, the original proposer of the method, "was well aware of the difficulty of introducing a pipe from the mouth into the larynx. Before this can be done, the epiglottis must be commanded, which is not an easy matter. He found, however, that a tube passed along the right nostril, and properly curved, slipped very readily into the opening of the glottis. There was no obstacle afforded by the epiglottis, and no risk of sliding it over the top of the larynx, since the point of the tube is behind the line of that valve. This, therefore, is decidedly the mode to be adopted in suspended respiration, unless where the subject is so young, and the rima so small, that a proper sized canula cannot be introduced into the trachea." Allan Burns<sup>1</sup> also says, that "the openness of the epiglottis, and the facility with which that valve is lifted over the rima, render the introduction of a tube from the mouth into the larynx by no means an easy process." And he states that "the delay and discomfiture which is occasioned, may be avoided by following the practice of Desault."

We are convinced that the great point to be attended to in the

<sup>1</sup>On the *Surgical Anatomy of the Head and Neck*. 2d edition, pp. 407, 408.

introduction of instruments into the larynx, is the forcible dragging forward of the tongue, followed by the pressure of the finger at its root, to maintain it in its protruded condition. The effect of this is well marked, if the experiment be made on such a section of the head as is shown in fig. 3. The epiglottis is raised, exposing the upper strait of the larynx. The whole organ, however, is dragged upwards, and, what is important, slightly backwards, so as to bring it more into the mesial line from the position that it occupied, almost under the back part of the tongue, which in the ordinary condition of the parts considerably overlaps it. Should an attempt be made to pass an instrument or foreign body, without previously bringing the tongue forwards, the very effort of introducing it into the throat pushes the tongue backwards over the larynx, forces the epiglottis downwards, and renders the operation one of difficulty. There is no doubt that, under these circumstances, the passage of an instrument by the nares, affords a better chance of the larynx being entered from the peculiar curve forwards, caused by the instrument impinging on the front of the vertebral column. The direction now given affords an almost certain chance of the upper orifice of the larynx being reached, as it lies concealed behind the back of the tongue.

The position of the head of the patient has no small influence in facilitating the introduction of instruments into the larynx. A recent author, M. Follin,<sup>1</sup> has directed attention to the subject with more especial reference to the œsophagus, but his experiments and conclusions apply almost equally well to the orifice of the larynx. "If," says M. Follin, "the head of a dead body be forcibly extended, the cervical region is observed to describe a curve, the summit of which corresponds to the level of the fifth and sixth cervical vertebræ; the superior orifice of the œsophagus also corresponds to the apex of this curve, and if while the body is maintained in this position, we attempt to insert the point of the index finger into the superior œsophagus, we feel it strongly squeezed; a sound introduced by the mouth is then found to penetrate the canal with difficulty, and *has a great tendency to engage itself in the larynx.*" M. Follin concludes that catheterism of the œsophagus ought never to be practised while the head is forcibly extended, but rather when it is in a flexed condition.

In our medical report, the opinion was expressed that the deceased herself could not have inserted the foreign body. Setting aside her advanced age, the state of intoxication in which she was proved to have been very shortly before her death, and the severe injuries she had received, the manipulation which, on experiment, was required for the introduction of the cork into the larynx of even a dead body, in which all the exquisite sensibilities of the parts are abolished, justified, in our opinion, the statement of the report. Many cases, no doubt, are on record of maniacs and others, where death was

<sup>1</sup> *Des rétrécissements de l'œsophage (thèse de Concours).* Par M. Follin. 8vo, 1855. Paris.



used by cramming the mouth and fauces with some bulky substance. I know of one case where suicide was committed by stuffing a silk handkerchief into the mouth; and Dr Handyside has recorded another, where a woman "confined in prison, forced a hard cotton plug into the back of the fauces."<sup>1</sup> Dr Taylor,<sup>2</sup> however, marks on the rarity of suffocation as a suicidal act, and considers death by suffocation as presumptive of homicide, unless the facts be clearly referable to accident." In Dr Handyside's case, the plug projected far into the mouth, and was of such a bulk that it required not little beyond ordinary suicidal determination to effect the purpose intended. In the present case, on the other hand, it was necessary, from the comparatively small size of the foreign body, to guide it past the arch of the palate, and then to push it forcibly downwards on a mucous membrane spasmodically sensitive to the slightest touch, and which has at its beck not merely the small muscles in its immediate vicinity, but also the most powerful in the body. The reflex sensibility of the larynx in such a case, would have once defeated the purpose of a suicide; and though it might be alleged that the intoxicated condition of the woman would have blunted the natural sensibility of the parts, the very plea of intoxication nullifies the possibility of such a suicidal act.

The only satisfactory explanation that, in our opinion, could be given of the presence of the cork, was, that it had been forcibly placed there by another party. As to the means employed by the murderer to accomplish his purpose, our experiments show that the mouth of the deceased must have been widely opened to allow of the forcible pulling out of the tongue with one hand, and the extended introduction of the cork with the other. In doing so, the head, in all probability, was thrown into a state of forced extension, and thus, as we have shown, a greater facility afforded for the insertion of the cork in the upper orifice of the larynx.

Death must have speedily followed such an obstruction to the respiration, and the other injuries received by the deceased point to this as the last act in the tragedy. The evidence on the trial, as we shall see, still further corroborates the testimony afforded by the *post-mortem* examination, and the determination of the final proximate cause of death gives us a clue to the order of sequence of the other injuries. The wound of the scalp, and the ecchymosed condition of the pericranium and temporal muscle, presented all the appearances of having been produced immediately before death. The wound was gaping, and its edges irregular and bloody. The surrounding serous effusion was probably the result of gravitation. Christison has ably shown the close similarity that exists between the appearances presented by blows and contusions received either immediately before or shortly after death;<sup>3</sup> and in the present case

<sup>1</sup> *Edinburgh Medical and Surgical Journal*, vol. lvii.

<sup>2</sup> *Medical Jurisprudence*. 5th edition, p. 766.

<sup>3</sup> *Edinburgh Medical and Surgical Journal*, vol. xxxi.

it comes to be a question whether the injuries mentioned were actually produced when the deceased was in life or shortly after death. Nothing very conclusive can be gathered from the appearances presented, though the scattered character of the ecchymosis, and the peculiar manner in which the blood, in a coagulated condition, was infiltrated through the substance of the muscle, lend weight to the evidence adduced on the trial as to the time of their production. With the more important injury to the chest we have much less difficulty. The existence of extensive emphysema, which, at the moment of its discovery, was supposed to be the result of advancing decomposition, but which, on the important testimony of Mr Tod, was proved to have been present four hours after the deceased had been seen in life, is a convincing proof that continued respiratory efforts followed the receipt of the pulmonic wound. The weather at the time, was cold and damp; the body, which was inspected forty-six hours after death, had been kept in a cool apartment where there was no fire. Mr Tod, when hurriedly called to see the deceased, and unaware that she had been dead for so long a time, on attempting to feel the radial pulse, had his attention drawn to a peculiar crepitant sensation, which he felt on making slight pressure over the flexor and extensor tendons. He threw down the clothes; and ascertained that the same condition existed in a more marked degree over the upper and inner aspects of the thighs. The presence of such extensive emphysema was a conclusive proof that the injury to the chest was not immediately mortal, and that the deceased had survived it for some time.

Such injuries, received by a woman of the age of the deceased, and who was proved to have been much intoxicated, must have rendered her vitality so feeble, that little reaction could be expected should a fresh injury be inflicted, and death must speedily have followed a very slight interruption to the already impeded respiration. And this explains, in our opinion, the absence of any well marked line of separation between the congestion of the mucous membrane immediately below the insertion of the cork, and the appearance presented by the parts above, which were not subjected to pressure. In a person who was, as we believe, moribund at the time when the foreign body was introduced, we could not expect such sharply defined appearances as one would look for in a person of strong constitution, where a similar mode of suffocation had been successfully employed. Indeed, we consider it almost an impossibility to produce suffocation in a healthy individual with such an obstruction, were alcoholic or other stupefying agents not previously administered. And even were the chest partially fixed by the weight of the murderer's body, or, as in this case, by a severe injury, we think it highly probable that the remaining respiratory power would prove sufficient to dislodge the foreign body, which would be found loose in the pharynx, and not, as in the present case, in the position into which it was forced. The lubrication of the cork with *frothy*



mucus, Mr Tod and I were inclined to regard as a further evidence that the deceased had been alive at the time of its insertion, and during her feeble efforts at expiration, while the cork was being passed into the larynx, had forced bronchial mucus, tinged with blood from the pulmonic wound, upwards into the throat. When the cork had once been introduced, such an amount of mucus could not have escaped without dislodging it, and the stomach contained no fluid of the same colour and consistence.

Such being the grounds on which the various statements in our report were founded, let us see how far such opinions were borne out by the evidence at the trial. Five parties were in the house about the time of the perpetration of the murder. Robert Stewart and his wife Mary Sutherland Stewart; Malcolm their son, a boy eight years of age; John Stewart, reputed to be a brother of Mrs Robert Stewart; and the deceased Janet Stewart. The intoxicated condition of Robert Stewart and of his wife justified the authorities in keeping a strict surveillance over them for some days. Meanwhile, the evidence of their son, and the information obtained from other quarters, fixed the suspicion of the crime upon John Stewart, who was in due time indicted for the murder, with an alternative charge of assault to the danger of life. Meanwhile, Mrs Robert Stewart, who had been previously ailing, fell into a declining state of health, and, after a fortnight's illness, died, with the symptoms of a low nervous fever. Six days before her death she emitted a declaration. Her husband continued to drink to excess, and before the date of the trial had several attacks of delirium tremens, and for some time fears were entertained of his recovery. The most important evidence at the trial (a full report of which will be found in the *Edinburgh Medical Journal* for December 1855) was that of the little boy, who spoke distinctly to the prisoner's kicking deceased on the head, back, and sides, and mentioned that at the time the prisoner, who was a remarkably powerful man, was strongly shod. The boy then went out to amuse himself, and on his return found deceased lying on the floor in the same position in which he had left her, and the prisoner sitting by the fire. The mother, who was in bed at the time, corroborated in her declaration the testimony of her son, stating, that she "heard John Stewart say, 'I have broken your ribs on one side, turn round on the other side and I will give you the same.'" The father was so intoxicated that he only remembered hearing a noise. The prisoner was in the same room with the deceased after she received the injuries on the chest and head, for a sufficient length of time to allow of his placing the cork in the position in which it was found; but that he was the guilty party there was no direct proof. The cork was identified as similar to those which the grocer in the immediate neighbourhood was in the practice of supplying with his liquor, and in the room itself, at the time, there were plenty of bottles both empty and uncorked. But, according to the evidence of the boy, on his return, his father, Robert Stewart, was also in the



kitchen, "lying on the floor." The father, no doubt, on his examination, said he did not recollect this; but, from his own admission, his condition at the time was anything but favourable to the exercise of his senses. Indeed, the miserable appearance which this old man made at the trial, tended more than anything else to influence the judgment of the jury. His indecent behaviour in the witness box, and the state of depravity in which all the inmates of the house were proved to have been living for months, materially damaged the evidence for the prosecution. The son was but a boy of eight years of age, and from his childhood had been exposed to the worst influences. The testimony he gave suffered in consequence, and witnesses were produced who spoke as to the child having on various occasions prevaricated on the subject, though we think that his saying that "mother had told him that John had meddled his granny" was very natural, and what might have been expected under the circumstances. The mother, sensible of her dying condition, and burdened with a sense of her responsibility, would naturally take many an opportunity of impressing on her boy, whose upbringing she had so much neglected, the necessity of his adhering strictly to what he had seen and heard, and might even make him repeat his story again and again, that he might not forget it.

The presence of the cork introduced a strange element of uncertainty into the case. The injuries to the chest and lung were such that, if not immediately fatal, they must have been speedily so to a woman of advanced age, and addicted to intemperate habits. She survived their infliction, however, for a period of time which cannot be accurately determined. Had there been no obstruction present in the larynx, and had death resulted from the fracture of the ribs and the wound of the lung (as in all certainty it would), the prisoner could scarcely have escaped conviction. But it was proved that the deceased survived the injuries in question for some time; and it became a matter of great difficulty for the jury to fix upon the precise party in such a household, who put an end to the woman's life. The greatest weight of suspicion rested on the prisoner; there was an uncertainty, however, and the evidence was not unimpeachable: and the jury, in our opinion, acted wisely in returning a verdict of "Not proven."

The whole story is tragical. We have alluded to a sudden death in the same house a short time previous to the murder; during the progress of the judicial investigation, Mrs Robert Stewart died; soon after the trial her husband, Robert Stewart, died of delirium tremens; and a few weeks subsequently the body of a man was found floating in the Clyde, which is, on good authority, believed to have been that of the prisoner John Stewart. Of that household, the only survivor now is the little boy, who, through the kindness of disinterested friends, has been placed in a public institution, where every endeavour will be made to obviate the effects of his early training, and to render him a useful member of society.

CASE II.—*Impaction of a mass of dough, or bread-pulp, in the throat and larynx. Infanticide.*

In the month of October 1854, the body of a male infant was found in the passage of a house situated in one of the poorest districts of the old town of Edinburgh. The woman who discovered the child stated that, when found, the body was warm where covered by its clothes, which were of good quality. Information was communicated to the police, who took possession of the corpse, and, a few hours afterwards, I was called on to inspect it. The child seemed emaciated, and, from the markings on its linens, appeared to have been labouring under diarrhœa. The face was congested, but not in a marked degree, resembling very much the colour produced by exposure to a sharp cold wind. On examining the mouth, my attention was drawn to the tongue, which was dark, and protruding slightly from between the gums. I communicated my suspicions to the Procurator-fiscal, and a warrant was issued to examine the body. It was a Saturday night on which it had been found, and the examination, which was conducted by Dr Burt and myself, did not take place till the Monday following.

*External Appearances.*—The body was rather emaciated; it measured twenty-four inches in length, and weighed eight pounds. The face was slightly congested, and on separating the lips, the point of the tongue, which was dark and congested, was observed to protrude. The navel was closed. The teeth were not present in the mouth, and the infant appeared to be between two and three months old. There was slight greenish discoloration of the abdominal wall.

*Head.*—The only thing to be noted was an ecchymosed spot on the surface of the pericranium, over the right parietal bone. The brain was not congested, but its substance was thin and diffuent.

*Throat.*—On removing the tongue, larynx, etc., the pharynx was found occupied by what appeared to be a mass of dough or paste, accurately moulded to the parts, as represented in Fig. 4. The lower and narrower portion was inserted, to the depth of two or three lines, into the laryngeal cavity. The epiglottis was raised and applied against the root of the tongue. The larynx interiorly, and the upper part of the trachea, were moistened with bloody serum.

Fig. 4.



*Chest.*—The anterior borders of both lungs were emphysematous, and of a reddish cream colour. The posterior part of both lobes, was condensed to the touch, and did not crepitate under the finger. Throughout the rest of the lungs, small portions of their substance, about the size of horse-beans, could be felt of a hard consistence, and of a darker colour than the surrounding tissue. On cutting into the upper portion of



the lungs, black blood flowed from various points, and from the lower portion, on pressure, small drops of a whitish fluid started out from its substance, but no serum escaped. Both lungs floated freely in water. The other organs of the body presented nothing worthy of remark. About an ounce and a half of bloody serum were found in the cavity of the peritoneum. Under the microscope, the whitish matter from the lungs was found to consist of pus-corpuscles, and of a smaller proportion of fusiform cells of great delicacy.

We stated it as our opinion, that the child had been suffocated by the presence of the mass discovered in the throat and upper part of the wind-pipe.

The introduction of a plug into the mouth and throat, is a common mode of producing suffocation in infants. The substances employed, and which have been recorded in works on medical jurisprudence, are exceedingly various, and form a curious list. In the course of our reading, however, we do not remember of meeting with a case where a substance of so easy acquisition as dough, or bread made into a pulp, was employed for a similar purpose. The extreme difficulty of its identification with portions of the same material in the possession of the accused, is at once apparent, and forms a marked contrast with cases in which other substances have been employed—a striking example of which we give on the opposite page. Such a plug, too, from its plasticity, could with difficulty be dislodged, and in the case of an infant, the first stage of its introduction would be facilitated by the instinctive sucking efforts of early life; a fact which helps to explain the frequency of this form of infanticide. In an interesting case recorded by Professor Easton in the *Monthly Journal*, for February 1845, where death was evidently produced by suffocation, mud was found in the gullet, and also in the stomach of an infant about three weeks old. The presence of the foreign material was most naturally accounted for, on the supposition “that it was introduced by another into the mouth of the child while yet living, and that it had been swallowed during the convulsive struggles which most probably preceded dissolution.” It was also most probable that the mud had been introduced in a semi-fluid condition, and yet we find it noted in Professor Easton’s report, that “the larynx and windpipe were free of any obstruction whatever.” In our case, on the contrary, it will be seen from the wood-cut, that, whether from accident or from the forced protrusion of the tongue, the epiglottis had been forced upwards, and the larynx entered. The absence of any marks of violence on the mucous membrane of the mouth, can be accounted for by the nature of the obstructing body, and the ease with which it could be passed into the throat. Here, as in the first case, there were circumstances which tended to hasten death, and thereby shorten and enfeeble the struggles of the victim. Devergie’s test could not be applied, because no marked difference existed in the congestion of the mouth and throat. The condition of the lungs, the fluid in the peritoneal

vity, the nature of the intestinal discharges, and the general maciation, proved that the child had suffered from exposure, and, very probably, from culpable neglect; and its weakened frame and exhausted vitality, must have easily succumbed to any mode of suffocation.

The following case, which occurred recently in France,<sup>1</sup> deserves mention on account of the peculiar nature of the plug which was employed, and of the interesting manner in which the crime was solved.

In the night intervening between the 1st and 2d days of June 1855, some workmen engaged in cleaning out a privy in the Rue de Martine, Paris, found in the drain a newly-born female infant. Its mouth was plugged with pieces of paper belonging to a number of the *Presse* newspaper. The medical man charged with the *post-mortem* examination, ascertained that the child was healthy; had been born viable, and had breathed; that the death, which had occurred previously to the body having been thrown into the privy, had resulted from the suffocation produced by the occlusion of the respiratory passages.

It was soon known that the mother of the child was a woman of the name of Michel, whose advanced state of pregnancy had been remarked by the lodgers in the house referred to; and a search made in her room yielded proofs of a recent delivery. When tested, she at once confessed the fact, stating that her child had been born alive, and that she had carried it herself to a midwife in the Rue Montmartre.

When requested to point out the house where she had deposited her child, she boldly conducted the officer of police to a woman of the name of Marsault, who at once denied the fact of the alleged visit. In this statement Marsault was confirmed by the testimony of two fellow-lodgers, who affirmed that they were certain that the girl Michel had not visited the house in question since the 18th of the previous May. Taken aback by these declarations, Michel once more attempted to put the officer on the wrong scent, and directed him to the dwelling of a second midwife, avowing that she herself had been deceived as to the first. She was, however, forced to confess that she had told a falsehood, and that she had had no communication with any midwife after her delivery.

She then pretended that, when seized with the pains of labour, an old woman of the name of Richon, who kept the chambers of one of the lodgers in the same tenement, hearing her cries, had come to her assistance, and had agreed, for the sum of 100 francs, to carry the infant to a midwife. She added that, if the child had been thrown into the privy, the responsibility of the crime did not attach to her. This last assertion speedily received a complete contradiction. On a second search being made in her room, with still greater care, a piece of paper was discovered, similar to that of

<sup>1</sup> *Journal des Débats*, Sept. 6, 1855.

which the plug found in the mouth of the child was composed, rendering it exceedingly probable that the child had been suffocated on that very spot. Lastly, it was proved that, on the 1st of June, some hours before the workmen commenced to clear the privy, Michel had given out, as a piece of news, that an infant had been found there. In this she was prematurely communicative, and proved herself to be the guilty party.

On this evidence, Clementine Michel, aged 25 years, a sempstress, appeared before the Court of Assizes of the Seine, on the 4th of September 1855, charged with the crime of infanticide. When examined in court, she declared that she remembered nothing as to what took place after her delivery.

The jury returned a verdict of guilty, with the admission of extenuating circumstances, and she was sentenced to ten years' imprisonment, with hard labour.

THE END.





